



*The Maine Office
For School-Based
Service Learning*

SERVICE LEARNING GRANT APPLICATION PAYMENT SCHEDULE

**PROGRAM
TITLE:**

**APPLICANT
AGENCY:**

DATE:

MONTH

AMOUNT REQUESTED

September _____

October _____

November _____

December _____

January _____

February _____

March _____

April _____

May _____

June _____

July _____

August _____

CERTIFICATION: I hereby certify that all information contained in this proposal, including the representation as to the amounts of obligations during the stated period, is true, complete, and correct.

SIGNATURE: _____
Signature of Chief School Officer